

L010000006106

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

900004035369--1
-04/20/01-01063-015
****155.00 ****155.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ALL WOOD U.S.A., L.L.C.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2.05 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
01 APR 19 PM 5:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
-01 APR 20 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY
OF

ALL WOOD U.S.A, L.L.C.

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALL WOOD U.S.A., L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability
Company is:

4160 W. 16th Ave., Suite 402

Hialeah, FL 33012

ARTICLE III - Registered Agent, Registered Office and

Registered Agent's Signature:

The name and the Florida street address of the registered agent is:

JUAN E. VALDES

4160 W. 16th Ave., Suite 402

Hialeah, FL 33012

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

01 APR 20 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AND
FILED



Registered Agent's Signature

ARTICLE IV - Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager-managed company.

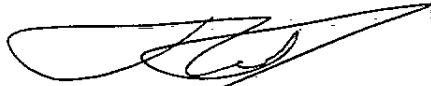
MEMBERS

VICTOR GALARZA
4160 W. 16th Ave., Suite 402
Hialeah, FL 33012

JUAN E. VALDES
4160 W. 16th Ave., Suite 402
Hialeah, FL 33012

MANAGER

JUAN E. VALDES
4160 W. 16th Ave., Suite 402
Hialeah, FL 33012



Signature of a member or an authorized representative of a member

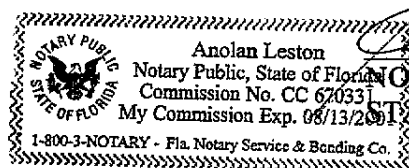
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitute an affirmation under the penalties of perjury that the facts stated herein are true.)

JUAN E. VALDES

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgements, personally appeared **JUAN E. VALDES**, to me known to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 15 day of April, 2001.



NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

01 APR 20 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED